



DT06 R6 PCT/PTO 06 AUG 2002

Atty. Dkt. No. 026032-3851

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hake et al.
Title: SEAT BACK FOR A VEHICLE
SEAT COMPRISING AN
INTEGRATED PROTECTIVE
DEVICE
Appl. No.: 10/049,698
Filing Date: 02/15/2002
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.	
Kristine Lancelli	(Printed Name)
	(Signature)
8/1/02	(Date of Deposit)

AMENDMENT TRANSMITTAL

Commissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

RECEIVED
OCT 03 2002
GROUP 3600

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Preliminary Amendment;
☒ Information Disclosure Statement;
☒ Substitute Specification and Abstract;
☒ Red-lined version of Substitute Specification and Abstract;
☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	22	22	0	\$18.00	\$0.00
Independents:	1	3	0	\$84.00	\$0.00
First presentation of any Multiple Dependent Claims:				\$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$0.00

- ☐ Please charge Deposit Account No. 06-1447 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

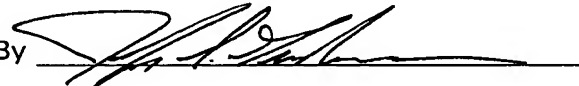
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

8/1/02

By



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Jeffrey S. Gundersen
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